

## IRO REVIEWER REPORT

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**DATE OF REVIEW:**

FEBRUARY 21, 2007

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Dispensing of an LSO brace

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

I am board certified in Orthopedic Surgery. I completed a fellowship in spinal surgery. Currently, I provide spinal surgery services at an orthopaedic association and allied subspecialties group. I am also an Assistant Clinical Professor for a prestigious medical university. My areas of expertise are in all types of spinal surgeries, including neurosurgery, and all orthopedic procedures. I have 8 years of experience in all types of orthopaedic surgery and treatment of outpatient and rehabilitation issues. I am an author and/or co-author for over 20 peer review articles, journals, and textbooks. I have been an invited speaker at more than 60 national and regional/local scientific presentations. I take continuing education courses and attend courses/meetings in orthopaedics and spinal research. I am a recipient of many honors/awards such as becoming an elected member of the Cervical Spine Research Society, Zimmer AOA Research winner and Founder Award winner. In addition, I am a member of many professional organizations including the American Academy of Orthopaedic Surgeons, the Cervical Spine Research Society and the North American Spine Society.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**Received from Texas Department of Transportation via fax on 2/5/07**

- Cover letter to dated 2/5/07
- Medical records include the following:
  - Progress notes
  - Radiology/imaging reports
  - History and Physical
  - Initial behavioral medicine consultation
  
- Letter of causal relationship dated 11/30/06 from to TX DOI
- Letter dated 11/14/06 from to
- Notice of disputed issue and refusal to pay benefits dated 11/16/06
- Notice of disputed issue and refusal to pay benefits dated 1/8/07

### **Received from Forte via fax on 2/6/07**

- Notice of utilization findings dated 1/26/07
- Letter dated 1/26/07 from to patient
- Pre-authorization review form no date
- request for authorization dated 1/23/07
- prescription for bracing dated 1/4/07
- Progress notes
- literature regarding RS-LSO
- Health Care provider detail on
- Notice of intent to issue and adverse determination dated 1/26/07 from to RS Medical
- Notice of Utilization findings dated 1/19/07 to from Letter dated 1/29/07 from to patient
- Pre-authorization peer review from dated 1/18/07
- Request for authorization from dated 1/10/07
- Notice of intent to issue and adverse determination dated 1/18/07 from to

### **Received from via fax on 2/7/07**

- Progress notes
- prescription for bracing dated 1/4/07

### **PATIENT CLINICAL HISTORY:**

This is a male who suffered a low back soft tissue strain in, with hip and lumbar pain. He has been treated with Ultram and muscle relaxants and physical therapy. An MRI of the lumbar spine showed a mild sacroiliac joint arthritis and a developmentally small spinal canal with very mild annular bulging at L3-4. A CT scan shows mild annular bulging at L4-5 and L5-S1 with minimal chronic appearing compression deformity of T12 and a developmentally small spinal canal.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

There is not compelling evidence that lumbar orthoses support the spine. A possible improvement in proprioception with brace usage, or a simple corset for that matter, is plausible, however it does decondition the core musculature and that is overall medically harmful to the patient. There is no role for a lumbar brace in this scenario, i.e. sacroiliac joint arthritis and a lumbar strain of 5 months duration. The treatment is not 'medically necessary'.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

## **FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

Surgical vs nonoperative treatment for lumbar disk herniation: the Spine Patient Outcomes Research Trial (SPORT) observational cohort. *JAMA*. 2006 Nov 22;296(20):2451-9. PMID: 17119141 [PubMed - indexed for MEDLINE]

Prevention strategies for occupational low back pain. *Clin Occup Environ Med*. 2006;5(3):529-44, v. Review. PMID: 16963374 [PubMed - indexed for MEDLINE]

Quantification of lumbar stability by using 2 different abdominal activation strategies. *Arch Phys Med Rehabil*. 2007 Jan;88(1):54-62. PMID: 17207676 [PubMed - indexed for MEDLINE]

A biomechanical assessment of disc pressures in the lumbosacral spine in response to external unloading forces. *Spine J*. 2005 Sep-Oct;5(5):548-53. PMID: 16153584 [PubMed - indexed for MEDLINE]